

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155266		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/09/2012	
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF FORT WAYNE				STREET ADDRESS, CITY, STATE, ZIP CODE 1649 SPY RUN AVENUE FORT WAYNE, IN 46805			
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F0000	<p>This visit was for the Investigation of Complaint IN00108160.</p> <p>Complaint IN00108160 - Substantiated. Federal/state deficiencies related to the allegations are cited at F314 and F371.</p> <p>Survey dates: 5/8-9/12</p> <p>Facility number: 000167 Provider number: 155266 AIM number: 100273740</p> <p>Survey team: Ellen Ruppel, RN TC Ann Armey, RN (5/8/12)</p> <p>Census bed type: SNF/NF: 72 Total: 72</p> <p>Census payor type: Medicare: 7 Medicaid: 57 Other: 8 Total: 72</p> <p>Sample: 5</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p>			F0000	<p>This plan of correction is the facility's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed because the provisions of federal and state law require it.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/12/2012

FORM APPROVED

OMB NO. 0938-0391

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	Quality review 5/14/12 by Suzanne Williams, RN						

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F0314 SS=G	<p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>Based on observation, interviews and record review, the facility failed to assess the potential cause and implement interventions to prevent pressure sores for 2 of 3 residents in a sample of 5 who had skin breakdown. This resulted the development of a stage IV pressure area in one resident (Resident B) and a delay in treatment for a second resident (Resident C).</p> <p>Findings include:</p> <p>1. During the orientation tour, on 5/8/12 at 10:30 a.m., Resident B was identified by the Director of Nursing (DON) as having pressure areas on both feet. She indicated she thought the areas were caused by the resident's shoes.</p> <p>The clinical record of Resident B was reviewed, on 5/8/12 at 1:40 p.m., and indicated he had been a resident since</p>			F0314	<p>1. <u>Corrective action for those identified:</u></p> <ul style="list-style-type: none"> The Registered Dietician was notified on 5/25/12 that resident B has pressure sores to his feet. Resident B is being followed weekly by the wound nurse. Resident B has a physician order, dated 5/24/12, for no shoes until wounds are healed; then he will be fitted for appropriate footwear. Resident C has an updated Braden Scale and updated care plan that addresses her feet. Resident C is being followed weekly by the wound nurse. <p>2. <u>Corrective action for others potentially affected:</u></p> <ul style="list-style-type: none"> A 100% skin audit will 		06/07/2012

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	<p>6/20/11. His diagnoses included, but were not limited to: gout, anemia dysphagia, hypertension and cerebrovascular accident.</p> <p>The most recent Minimum Data Set (MDS) assessment, dated 3/26/12, indicated he was at risk for pressure areas, and Braden assessments for predicting pressure sore risk, dated 3/26/12 and 4/14/12, indicated he scored a 15, indicating risk for pressure areas. The predisposing conditions and risk factors included, hemiplegia, dementia, weight loss, impaired mobility and use of antipsychotic/antidepressants/hypnotic.</p> <p>The 3/26/12 MDS and weekly skin assessments of 4/3/12, 4/10/12 and 4/17/12, indicated no open areas or skin breakdown.</p> <p>The weekly skin assessment, dated 4/17/12, indicated new red areas on both feet.</p> <p>Nursing notes, dated 4/22/12 at 8:00 p.m., indicated the resident had a 2 cm by 2.1 cm area on the left inner aspect of the big toe, and the physician was notified. An order for santyl and xeroform to be applied to an open area on the left inner aspect of the big toe was obtained. The area was to be covered with a dry dressing</p>				<p>be conducted by licensed nurses and completed by 6/7/12 to identify any residents having skin issues.</p> <ul style="list-style-type: none"> A 100% audit of Braden Scales was completed by the Director of Nursing (DON) on 5/25/12 to assure they are updated as per policy and procedure. Residents identified with pressure sores will have a 100% audit of their pressure sore care plans to assure appropriate interventions are identified. This audit will be completed by the DON or designee by 6/7/12. A 100% review of pressure sore treatment orders will be completed by the DON or designee by 6/7/12. A 100% review of documentation in charts of residents with pressure sores will be completed by the DON or designee by 6/7/12. <p>3. <u>Measures to prevent recurrence:</u></p>		

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	<p>for 10 days and then re evaluated.</p> <p>Nurses notes, dated 4/24/12 at 9:30 p.m., indicated an order had been received for the right foot outer aspect also. The order was for Meplex Border gauze to the right foot and change as needed. The order also included a pre albumin laboratory test, a physical and occupational therapy evaluation and directions to wear no shoes.</p> <p>A "Pressure Ulcer Status Record" indicated the areas were first observed and assessed on 4/25/12. The description of the area on the left foot was 5.4 cm by 2.8 cm with a depth of 0.1 cm area which was black, red and yellow. The description of the right foot was an area of 2 cm with redness. This assessment was two days after the nurse had first identified the areas and obtained initial orders.</p> <p>The pre albumin returned 4/25/12 and was 16 (normal 17-34). The therapy evaluation, of 4/25/12, indicated Resident B had a stage IV area on the left foot and a stage II area on the right foot. The stage IV area was identified as 4.4 cm in length by 3.3 cm width and 0.2 cm in depth, with an open area of 1.6 cm in length by 1.6 cm width with 0.2 cm in depth with 2.45 cm area of 25% black necrotic tissue and</p>		<ul style="list-style-type: none"> · Certified Nursing Assistants will complete a "Skin Care Alert" sheet on each resident twice weekly on the resident's shower days, identifying any skin issues. Licensed nurses will collect the "Skin Care Alert" sheets from the Certified Nursing Assistants and assess skin issues identified, document in the medical record, and notify the physician. Licensed nurses will then turn in the "Skin Care Alert" sheets to the wound nurse each day with the 24-hour report. · The wound nurse will verify that pressure sores are addressed, documented in the medical record and the physician notified. · Licensed nurses will report pressure sores to the Director of Nursing, who will assure proper notification of the physician and Registered Dietician and will assure pressure sores are assessed and documented by the wound nurse within 72 hours. · Licensed nurses will 				

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	<p>70 % slough.</p> <p>The entry indicated minimal purulent drainage with minimal odor and no tunneling or undermining.</p> <p>An undated care plan related to pressure areas indicated interventions which included: RD (registered dietitian) consult. PT (physical therapy) consult, hold all shoes, elevate heels off bed as needed, reposition as needed for comfort and labs as ordered.</p> <p>On 5/1/12 the physician also ordered Vitamin C, one tablet daily and Prostat 30 cc (a protein supplement) 30 cc twice daily to aide in healing.</p> <p>Physician's orders, of 5/1/12, indicated an ultrasound was ordered. The report, dated 5/1/12, indicated "No occlusive disease is noted. Minimal to no arterial insufficiency/ischemia of the right and left leg arterial circulation. There are no areas of hemodynamically significant stenosis at rest."</p> <p>Observation of the areas on Resident B's feet, on 5/8/12 at 3:15 p.m., with LPN #15 removing the dressings, indicated the area on the right foot was dime-sized and healing. The area on the left foot was open with no redness and also dime-sized in appearance. LPN #15 indicated the</p>		<p>utilize the dietary communication form to communicate pressure sores to the Registered Dietician.</p> <p>Daily, Monday through Friday, during the clinical meeting, pressure sore treatment orders will be reviewed for daily documentation.</p> <ul style="list-style-type: none"> Daily, Monday through Friday, during the clinical meeting, pressure sore care plans will be reviewed to assure they are updated. Pressure sores will be documented in the medical record, with the physician notified for appropriate treatment orders and the Registered Dietician notified to assess for any unmet dietary needs. The Registered Dietician will continue to make recommendations utilizing the "Nutrition Assessment Recommendations" form. Licensed nurses will be given the recommendation form to notify the physician 				

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	<p>therapy staff did the dressing changes Monday through Friday, and nursing did the treatments on Saturdays and Sundays.</p> <p>There was no documentation available for review, on 5/8/12, to indicate the dietitian had been notified. The DON was interviewed, on 5/9/12 at 9:00 a.m., and indicated the dietitian had not been notified of the areas on Resident B's feet when they were found.</p> <p>During an interview with Physical Therapist (PT)#16, on 5/9/12 at 8:30 a.m., she indicated the area on the left foot had been debrided and was healing. She indicated she thought Resident B's shoes had caused the problem.</p> <p>Observation of the two pairs of shoes on the shelf in Resident B's room, with PT #16, at 8:45 a.m., on 5/9/12, indicated both pairs were labeled with Resident B's name. The older pair were size 10 wide and the newer pair were size 7 1/2 medium. The resident had been sent to the hospital earlier in the morning on 5/9/12, and comparison of the shoes to his feet was not possible. PT #16 indicated the therapy department had become involved with the resident's care after the area on the left foot was seen on 4/22/12.</p> <p>2. During the orientation tour, on 5/8/12</p>				<p>of the recommendation and obtain physician orders. The wound nurse will monitor the "Nutrition Assessment Recommendations" weekly to assure recommendations are addressed within 72 hours.</p> <p>· On 5/31/12 and 6/1/12, the Staff Development Coordinator will in-service Certified Nursing Assistants on the "Skin Care Alert" sheets and the process for completing them.</p> <p>· On 5/31/12 and 6/1/12, the Staff Development Coordinator will in-service Licensed nurses on the "Skin Care Alert" sheets and the process for completing them, notifying the Director of Nursing of open areas, completing the Braden Scale correctly and timely as per policy and procedure, updating pressure sore care plans, and correct usage and documentation of the dietary communication form.</p>		

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	<p>at 10:45 a.m., Resident C was identified by the DON as having an area of skin breakdown on the left heel.</p> <p>Review of the clinical record of Resident C, on 5/8/12 at 1:00 p.m., indicated the resident had been admitted to the facility 11/12/09. Her diagnoses included, but were not limited to: osteoarthritis, dysphagia, diabetes, muscle weakness, morbid obesity and cellulitis of leg.</p> <p>The most recent Braden Scale for predicting pressure sore risk was dated 11/28/11. The form indicated the assessment was to be done quarterly, indicating the one due in February 2012 had been missed. The 11/28/11 assessment score was 22 indicating the resident was not at risk.</p> <p>Review of the care plan, dated as originating 12/2/09, indicated the resident was at risk for skin breakdown due to decreased mobility, obesity, incontinence, lymphedema, and a history of pressure areas. The care plan was dated as in effect through 6/2012.</p> <p>The care plan interventions included weekly head to toe skin assessments, quarterly Braden Scale assessments, restorative programs, diet as ordered, pressure reducing mattress and pressure</p>				<p>· By 6/5/12, the Staff Development Coordinator will in-service the wound nurse on the Skin Care Alert" sheets and the process for completing them, notifying the Director of Nursing of open areas, completing the Braden Scale correctly and timely as per policy and procedure, the process for completing "Nutrition Assessment Recommendations" forms and assuring physician's orders are written within 72 hours, and updating pressure sore care plans to address identified risk issues.</p> <p>4. <u>How corrective actions will be monitored:</u></p> <p>· Completion of the Braden Scale will be monitored by the Director of Nursing (DON) or designee weekly for 4 weeks, then monthly for 3 months, then quarterly for 2 quarters, or until 100% compliance with completing Braden Scales correctly and timely.</p> <p>· Pressure sore</p>		

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	<p>reducing pad in wheel chair. It did not address the feet.</p> <p>Nurses notes, dated 4/5/12 at 1:00 p.m., indicated orders had been obtained for the skin areas on both feet. There was no assessment of the areas until 4/18/12, when the wound nurse indicated the right heel had a stage II 1 cm by 0.5 by 0.1 depth open area. This was 13 days after first being observed by the nurse on 4/5/12.</p> <p>The dietician recommended a multivitamin supplement, a pre albumin and Prostat 30 cc daily to aide in healing. This recommendation was on 4/6/12. An order was obtained, on 4/16/12 at 9:00 a.m., 10 days after the original recommendation. The pre albumin returned 4/17/12 and was recorded as 17 (normal being 17-34).</p> <p>This federal tag relates to Complaint IN00108160.</p> <p>3.1-40(a)(1) 3.1-40(a)(2)</p>		<p>treatment orders will be monitored by the DON or designee weekly for 4 weeks, then monthly for 3 months, then quarterly for 2 quarters, until 100 % compliance to assure documentation is complete.</p> <ul style="list-style-type: none"> · Skin alert sheets will be monitored by the DON or designee weekly for 4 weeks, then monthly for 3 months, then quarterly for 2 quarters, or until 100% compliance to assure they are completed and accurate. · Dietary communication form will be monitored by DON or designee weekly for 4 weeks, then monthly for 3 months, then quarterly for 2 quarters, or until 100% compliance to assure they are completed and accurate. · Wound communication tool will be monitored by DON or designee weekly for 4 weeks, then, monthly for 3 months, then quarterly for 2 quarters, or until 100% compliance to assure they 				

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				<p>are completed and accurate.</p> <ul style="list-style-type: none"> Nutrition assessment recommendation form to be monitored by DON or designee weekly for 4 weeks, then monthly for 3 months, then quarterly for 2 quarters, or until 100% compliance to assure they are completed and accurate. Care plans related to pressure sores will be monitored by the DON or designee weekly for 4 weeks, then monthly for 3 months, then quarterly for 2 quarters, or until 100% compliance to assure they are updated and accurate. <p>Findings will be brought to the Process Improvement (PI) Committee monthly, with tracking and trending discussed. The PI Committee will make any further recommendations, as necessary, to assure that appropriate interventions are implemented to address the prevention and treatment of pressure sores. Findings will be brought to the</p>			

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				<p>Quality Assurance (QA) Committee quarterly. The QA Committee will make any further recommendations, as necessary, to assure that appropriate interventions are implemented to address the prevention and treatment of pressure sores. Once 100% compliance with preventive measures and treatment of pressure sores is achieved, the QA Committee will review quarterly to assure continued compliance.</p>			

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F0371 SS=F	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>Based on observation, record review and interviews, the facility failed to prepare, serve and store food under sanitary conditions. This deficit practice potentially affected 70 of 72 residents in the facility.</p> <p>Findings include:</p> <p>During the kitchen tour, on 5/8/12 at 10:55 am., the following observations were made, in the presence of the temporary dietary manager.</p> <p>The hood over the stove and the light bulb cover in the hood were coated with a thick, sticky substance. The temporary dietary manager was unsure when the previous manager had cleaned the hood or light cover.</p> <p>The plastic top of a cart being used for food service was cracked totally across the width, with food particles and debris in the crack. Food items were on top of the cart to be served at noon.</p>			F0371	<p>F371 <u>Corrective actions for those identified:</u> The hood over the stove and the light bulb cover will be cleaned. The cart with the cracked plastic top was removed from the kitchen and disposed of. The table under the schedule was cleaned, and the radio was removed. The seal on the reach-in refrigerator was replaced. The small fan inside the top of the refrigerator was cleaned. The wire storage rack for metal pans will be thoroughly cleaned. In the outside frame of the walk-in freezer, where the gauge had been removed, the hole was filled with foam. The floor under the juice machine has been cleaned. The connector not connected to juice was wrapped in plastic. The tubing connected to the juice container has been relocated off the floor. The scoop for the flour bin is now stored in a plastic bag outside the bin. The four jugs of honey were</p>		06/07/2012

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	<p>The table under the schedule was coated with a sticky substance and a radio on the table was dusty with dark sticky substance on it. The dietary aide indicated she did not know who it belonged to and it was not being used.</p> <p>A coffee container had tipped over on the table and the log books on top of the table had absorbed some of the spilled coffee.</p> <p>The seal on the reach in refrigerator was crushed and not in full contact with the door surround.</p> <p>The small fan on top of the refrigerator was coated with dust.</p> <p>The wire storage rack with clean metal pans was sticky to touch.</p> <p>The gauge to the walk in freezer had been removed and water was condensing in the hole, running down the outside of the freezer, over the light switch and creating a small puddle of water in front of the door.</p> <p>The floor under the juice machine was coated with black, sticky substance and debris. One of the connectors which connects the juice machine to the larger juice containers was disconnected and uncovered. The connector was not</p>		<p>cleaned.</p> <p>The 30-inch fan has been removed from the kitchen.</p> <p><u>Corrective actions for others identified:</u></p> <p>On 5/25/12 the Registered Dietician performed an inspection of the kitchen, in order to identify any further concerns related to the preparing, serving, or storing of food under sanitary conditions. Any concerns identified have been addressed through cleaning by dietary staff or replacement of items, as needed.</p> <p><u>Measures to prevent recurrence:</u></p> <p>At an in-service on 5/29/12, the Registered Dietician or designee will provide retraining to the dietary staff regarding kitchen sanitation. The retraining will include identification of which staff position is responsible for cleaning or sanitizing each item cited during the survey, as well as how frequently each item is to be cleaned or sanitized.</p> <p>Three times weekly, through 6/30/12, an audit inspection of the kitchen will be completed by the Registered Dietician, the Dietary Manager, the weekend manager, or the Executive Director. From this audit inspection, any sanitation issues identified will be addressed by the Dietary Manager with dietary staff, so that proper sanitation is maintained. After 6/30/12, the audit inspection will be completed weekly, with the</p>				

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	<p>protected from contamination. One of the tubings which was connected to a juice container was laying on the floor.</p> <p>The large, roll around flour bin had a scoop in it, making it impossible to scoop flour without touching the flour with the hand.</p> <p>Four jugs of honey were covered on the top with a powdery substance.</p> <p>A large 30 inch fan was in use, blowing directly over the food service area and when examined, the blades were coated with dust and sticky debris. It was blowing over the hot food and plates being prepared for the noon meal.</p> <p>Review of the cleaning schedule, provided by the temporary dietary manager, on 5/8/12 at 11:10 a.m., indicated the evening shift was to mop and sweep all floors and clean the juice machine.</p> <p>The dietary area was observed a second time, on 5/9/12 at 10:00 a.m., and the floor behind the juice dispenser remained as it had been on 5/8/12 and the fan was still in use over the serving area with dust and debris on the blades. The scoop was still in the flour dispenser and the substance was still on the honey jugs in</p>		<p>Dietary Manager addressing issues with dietary staff.</p> <p>The Dietary Manager will issue disciplinary action, as necessary, to any dietary staff member who exhibits a pattern of non-compliance with the cleaning schedule or procedures.</p> <p><u>How corrective actions will be monitored:</u></p> <p>Weekly, through 6/30/12, the Dietary Manager will review the results of audit inspections and follow-up actions with the Executive Director. The Executive Director will, as necessary, direct that further steps be taken to ensure that food is prepared, served, and stored under sanitary conditions. Monthly, the Dietary Manager will report to the Process Improvement (PI) Committee a summary of the results of audits and actions taken to maintain sanitary conditions in the kitchen. The PI Committee will review these results and actions and make further recommendations, as needed, to ensure that food is prepared, served, and stored under sanitary conditions. Quarterly, the Dietary Manager will report to the Quality Assurance Committee a summary of the results of audits and actions taken to maintain sanitary conditions in the kitchen. The Quality Assurance Committee will review these results and actions and make</p>				

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>the storage area. The hole in the freezer door continued to have water condensing and running down the front of the freezer onto the floor. The serving cart with the broken top was in use for the lunch meal with debris in the crack on the top.</p> <p>This federal tag relates to Complaint IN00108160.</p> <p>3.1-21(i)(3)</p>			<p>further recommendations, as needed, to ensure that food is prepared, served, and stored under sanitary conditions.</p>			